

# **Data Collection Training**

## **Individual Direct Services Activity Data**

Statewide Data Collection  
and Evaluation of First 5  
California Funded  
Programs



# Goals of Training

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- To define “individual direct services.”
- To learn how to use three versions of the individual direct services data collection tool.
  - Individual service
  - Family service
  - Group service
- To learn what kinds of questions can be answered from the data.

# Individual direct services

## Definition

Services delivered to an individual or group of children 0-5, their parents, and other family members by a service provider or volunteer.

The individual direct services data collection tools collect information about:

- **When** services were delivered.
- **What** and **how** activities were provided (modalities).
- **How many** times the service was delivered.

# What questions can individual direct services data answer?

- What types of services and activities were received most often by a particular client?
- Did a particular program provide services to the number and types of clients specified in its contract?
- Are there some activities that are not reaching certain populations (i.e., service gaps)?
- What is the average duration of a case management session?
- What was the longest time that a child with a disability or other special needs continued in a program? What was the shortest?

# Individual direct services

## Three versions of the data collection tool

- Individual service
  - Captures data on services received by individuals
  - Example:* In-person consultation
- Group service
  - Captures data on services received by groups
  - Example:* Class or workshop
- Family service
  - Captures data on services received by families
  - Example:* Home visit

# Individual direct services

## Modality definition

The primary way a direct service is delivered.

- Definitions of the modalities are provided in the funded program glossary.
- There are 10 modality choices. For each direct service, **one** modality must be selected.
- There is an inherent hierarchy in the list to assist in choosing the **one** modality that most accurately describes the service delivery.

# Individual direct services

## Occurrence/event definition

The delivery of a service. The number of occurrences or events equals the total number of times a type or set of activities occurred over a date range.

Examples of **one** occurrence or event include:

- Class
- Home visit
- In-person consultation
- Phone call
- Story hour in a mobile library

# Individual direct services

## Example of individual data collection

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Mrs. Kim conducts 1 hour home visits for parents, with or without their children present, to provide parenting education and family literacy programs.

In August, Mrs. Kim met with Juan Pedro, a Spanish speaking Hispanic adult.



# Individual direct services

## Individual data collection tool

Let's use our example to complete the individual service data collection tool.

Enter the **client's name** and **date of birth**.

Client's full name (first, middle, last):	Client's date of birth:	
Juan Pedro	m07 / d15 / 1983	
<b>Modality Information.</b> Enter only <b>ONE</b> modality code in the box.		
Modality <input type="text" value="0"/> <input type="text" value="2"/>		
01 Case management	04 In-person consultation/service	08 Phone consultation
02 Home visit	05 Support group session	09 Mailing/distribution of materials
03 Mobile service	06 Class/workshop	99 Other
	07 Public/community event	

Choose the appropriate **modality** and enter the affiliated code into the box. Choose only **one** modality per form.

If one service uses multiple modalities, choose the modality that is ranked highest on the list.

# Individual direct services

## Individual data collection tool

Enter the **date** when the service was delivered or enter a **date range** if services were delivered over a period of time.

Enter the number of times the service was delivered during the date or date range.

Single or Start Date: 08 / 01 / 2005	End Date: 08 / 31 / 2005	Number of occurrences: 1
Duration or average duration: 1 <input checked="" type="checkbox"/> hours OR <input type="checkbox"/> minutes OR <input type="checkbox"/> Not applicable		

Enter the **average duration**: the average amount of time spent (hours or minutes) providing the service during a single occurrence or event.

Use “**Not applicable**” only if the service modality is:

- Public or community event
- Phone consultation
- Mailing or distribution of materials
- Other

# Individual direct services

## Individual data collection tool

Mark **all** activities delivered under the specified modality.

<b>Activity Information. Mark (X) ALL that apply:</b>	
<b>Family Support, Education, and Services</b>	
<input type="checkbox"/> Community resource and referral (to health and social services) <input type="checkbox"/> Mental health assessment or services <input type="checkbox"/> Service coordination <input type="checkbox"/> Enrollment/assistance with TANF, WIC, Food Stamps, or food program <input type="checkbox"/> Provision of food, clothes, emergency funds, housing, or other basic needs <input type="checkbox"/> Transportation services or vouchers	<input type="checkbox"/> Safety education and injury/violence prevention <input type="checkbox"/> Distribution of Kit for New Parents <input checked="" type="checkbox"/> Parenting education (includes programs for teens) <input type="checkbox"/> Parenting/caregiver support (includes programs for teens) <input type="checkbox"/> Family planning (includes programs for teens) <input type="checkbox"/> Adult literacy programs <input type="checkbox"/> Job training/citizenship/other adult education <input type="checkbox"/> Other family support, education, and services
<b>Health Education and Services</b>	
<input type="checkbox"/> Health insurance enrollment/assistance <input type="checkbox"/> Tobacco cessation education or treatment <input type="checkbox"/> Substance abuse treatment/screening (not tobacco cessation) <input type="checkbox"/> Prenatal and birth care and education <input type="checkbox"/> Breastfeeding assistance <input type="checkbox"/> Well-baby or well-child checkups	<input type="checkbox"/> Acute medical care <input type="checkbox"/> Health screenings <input type="checkbox"/> Immunizations <input type="checkbox"/> Oral health treatment, screening, or prevention <input type="checkbox"/> Nutrition education and assessments <input type="checkbox"/> Car seat distribution <input type="checkbox"/> Other health education and services
<b>Child Development Services</b>	
<input type="checkbox"/> Developmental screening/assessments <input type="checkbox"/> Developmental services <input type="checkbox"/> Recreational/physical activities for children alone or together with parents <input checked="" type="checkbox"/> Family literacy programs <input type="checkbox"/> Early education programs for children alone or together with parents	<input type="checkbox"/> ECE*/child care resource and referral (nonmonetary) <input type="checkbox"/> ECE*/child care subsidies or vouchers <input type="checkbox"/> Kindergarten transition programs <input type="checkbox"/> Other child development services *Early care and education

# Individual Direct Services

## Example of family data collection

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Mrs. Kim conducts 1 hour home visits for parents, with or without their children present, to provide parenting education and family literacy programs.

In September, Mrs. Kim met with Juan Pedro, a Spanish speaking Latino adult and his two year old son, Joaquin Pedro.

# Individual direct Services

## Family data collection tool

Let's use our example to complete the family service data collection tool.

<i>Program Participant Information.</i> Please provide full name (no nicknames):		
First name: (required element)	Last name: (required element)	Birth date (mm/dd/yyyy): (confirmatory element)
Juan	Pedro	7/15/1983
Joaquin	Pedro	8/01/2003

Enter the **family member names** and **dates of birth** of all who were present at the session.

# Individual direct services

## Family data collection tool

Choose the appropriate **modality** and enter the affiliated code into the box. Choose only **one** modality per form.

If one service uses multiple modalities, choose the modality that is ranked highest on the list.

Modality

0	2
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01 Case management

02 Home visit

03 Mobile service

04 In-person consultation/service

05 Support group session

06 Class/workshop

07 Public/community event

08 Phone consultation

09 Mailing/distribution of materials

99 Other

# Individual direct services

## Family data collection tool

Enter the **date** when the service was delivered or enter a **date range** if services were delivered over a period of time.

Enter the number of times the service was delivered during the date or date range.

Single or Start Date: 08 / 01 / 2005	End Date: 08 / 31 / 2005	Number of occurrences: 1
Duration or average duration: 1 <input checked="" type="checkbox"/> hours OR <input type="checkbox"/> minutes OR <input type="checkbox"/> Not applicable		

Enter the **average duration**: the average amount of time spent (hours or minutes) providing the service during a single occurrence or event.

Use “**Not applicable**” only if the service modality is:

- Public or community event
- Phone consultation
- Mailing or distribution of materials
- Other

# Individual direct services

## Family data collection tool

Mark **all** activities delivered under the specified modality.

### Activity Information. Mark (X) ALL that apply:

#### Family Support, Education, and Services

- |   |   |
|---|---|
| <input type="checkbox"/> Community resource and referral (to health and social services)            | <input type="checkbox"/> Safety education and injury/violence prevention              |
| <input type="checkbox"/> Mental health assessment or services                                       | <input type="checkbox"/> Distribution of Kit for New Parents                          |
| <input type="checkbox"/> Service coordination   | <input checked="" type="checkbox"/> Parenting education (includes programs for teens) |
| <input type="checkbox"/> Enrollment/assistance with TANF, WIC, Food Stamps, or food program         | <input type="checkbox"/> Parenting/caregiver support (includes programs for teens)    |
| <input type="checkbox"/> Provision of food, clothes, emergency funds, housing, or other basic needs | <input type="checkbox"/> Family planning (includes programs for teens)                |
| <input type="checkbox"/> Transportation services or vouchers  | <input type="checkbox"/> Adult literacy programs                                      |
|   | <input type="checkbox"/> Job training/citizenship/other adult education               |
|   | <input type="checkbox"/> Other family support, education, and services                |

#### Health Education and Services

- |  |  |
|--|--|
| <input type="checkbox"/> Health insurance enrollment/assistance                      | <input type="checkbox"/> Acute medical care                              |
| <input type="checkbox"/> Tobacco cessation education or treatment                    | <input type="checkbox"/> Health screenings                               |
| <input type="checkbox"/> Substance abuse treatment/screening (not tobacco cessation) | <input type="checkbox"/> Immunizations                                   |
| <input type="checkbox"/> Prenatal and birth care and education                       | <input type="checkbox"/> Oral health treatment, screening, or prevention |
| <input type="checkbox"/> Breastfeeding assistance                                    | <input type="checkbox"/> Nutrition education and assessments             |
| <input type="checkbox"/> Well-baby or well-child checkups                            | <input type="checkbox"/> Car seat distribution                           |
|  | <input type="checkbox"/> Other health education and services             |

#### Child Development Services

- |   |  |
|---|--|
| <input type="checkbox"/> Developmental screening/assessments  | <input type="checkbox"/> ECE*/child care resource and referral (nonmonetary) |
| <input type="checkbox"/> Developmental services   | <input type="checkbox"/> ECE*/child care subsidies or vouchers               |
| <input type="checkbox"/> Recreational/physical activities for children alone or together with parents | <input type="checkbox"/> Kindergarten transition programs                    |
| <input checked="" type="checkbox"/> Family literacy programs  | <input type="checkbox"/> Other child development services                    |
| <input type="checkbox"/> Early education programs for children alone or together with parents         | *Early care and education  |



# Individual direct services

## Example of group data collection

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Mrs. Kim also conducts ten week sessions of hour-long family literacy classes, twice each year.

Her first class ran from June 1, 2005 to August 3, 2005 and had 5 attendees:

Juan, Maria, and Joaquin Pedro

Betty and Sarah Daniels

# Individual direct services

## Group data collection tool

Let's use our example to complete the group service data collection tool.

Enter the **group name** and **month/year** the group was held.

Program/Group Name: Family Literacy Class (June) Month/Year: June 2005

**Modality Information. Enter only ONE modality code in the box:**

Modality

01 Case management

02 Home visit

03 Mobile service

04 In-person consultation/service

05 Support group session

06 Class/workshop

07 Public/community event

08 Phone consultation

09 Mailing/distribution of materials

99 Other

Choose the appropriate **modality** and enter the affiliated code into the box. Choose only **one** modality per form.

If one service uses multiple modalities, choose the modality that is ranked highest on the list.

# Individual direct services

## Group data collection tool

Enter the **date** when the service was delivered or enter a **date range** if services were delivered over a period of time.

Enter the number of times the service was delivered during the date or date range.

Single or Start Date: 06 / 01 / 2005	End Date: 08 / 03 / 2005	Number of occurrences: 10
Duration or average duration: 60 <input type="checkbox"/> hours OR <input checked="" type="checkbox"/> minutes OR <input type="checkbox"/> Not applicable		

Enter the **average duration**: the average amount of time spent (hours or minutes) providing the service during a single occurrence or event.

Use “**Not applicable**” only if the service modality is:

- Public or community event
- Phone consultation
- Mailing or distribution of materials
- Other

# Individual direct services

## Group data collection tool

Mark **all** activities delivered under the specified modality.

<b>Activity Information. Mark (X) ALL that apply:</b>	
<b>Family Support, Education, and Services</b>	
<input type="checkbox"/> Community resource and referral (to health and social services) <input type="checkbox"/> Mental health assessment or services <input type="checkbox"/> Service coordination <input type="checkbox"/> Enrollment/assistance with TANF, WIC, Food Stamps, or food program <input type="checkbox"/> Provision of food, clothes, emergency funds, housing, or other basic needs <input type="checkbox"/> Transportation services or vouchers	<input type="checkbox"/> Safety education and injury/prevention <input type="checkbox"/> Distribution of Kit for New Parents <input type="checkbox"/> Parenting education (includes programs for teens) <input type="checkbox"/> Parenting/caregiver support (includes programs for teens) <input type="checkbox"/> Family planning (includes programs for teens) <input type="checkbox"/> Adult literacy programs <input type="checkbox"/> Job training/citizenship/other adult education <input type="checkbox"/> Other family support, education, and services
<b>Health Education and Services</b>	
<input type="checkbox"/> Health insurance enrollment/assistance <input type="checkbox"/> Tobacco cessation education or treatment <input type="checkbox"/> Substance abuse treatment/screening (not tobacco cessation) <input type="checkbox"/> Prenatal and birth care and education <input type="checkbox"/> Breastfeeding assistance <input type="checkbox"/> Well-baby or well-child checkups	<input type="checkbox"/> Acute medical care <input type="checkbox"/> Health screenings <input type="checkbox"/> Immunizations <input type="checkbox"/> Oral health treatment, screening, or prevention <input type="checkbox"/> Nutrition education and assessments <input type="checkbox"/> Car seat distribution <input type="checkbox"/> Other health education and services
<b>Child Development Services</b>	
<input type="checkbox"/> Developmental screening/assessments <input type="checkbox"/> Developmental services <input type="checkbox"/> Recreational/physical activities for children alone or together with parents <input checked="" type="checkbox"/> Family literacy programs <input type="checkbox"/> Early education programs for children alone or together with parents	<input type="checkbox"/> ECE*/child care resource and referral (nonmonetary) <input type="checkbox"/> ECE*/child care subsidies or vouchers <input type="checkbox"/> Kindergarten transition programs <input type="checkbox"/> Other child development services * Early care and education.

# Individual direct services

## Group data collection tool

First name	Last name	Birthdate	Class 1	Class 2	Class 3	Class 4	Class 5	Class 6	Class 7	Class 8	Class 9	Class 10	Total Service Contacts
Juan	Pedro	7/15/1983	X	X	X		X	X	X	X	X		8
Maria	Pedro	9/23/1983	X	X	X	X	X	X	X	X	X	X	10
Joaquin	Pedro	8/1/2008	X	X	X	X	X	X	X	X	X	X	10
Betty	Daniels	2/14/1984		X	X	X	X	X	X	X	X	X	9
Sarah	Daniels	10/18/2004		X	X	X	X	X	X	X	X	X	9

Enter in the **name**, **date of birth**, and **number of times** each participant attended a class.

# Individual direct services

## Summary of data collection

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- Determine the best service tool for you to use prior to seeing your clients.
  - Individual
  - Family
  - Group
- Complete **one** individual services data collection tool per modality and activity combination.
- When using the **group** tool, verify the number of service contacts for each individual.